



Iowa Child and Adult Care Food Program

Sample Child Care Enrollment Form

Name: _____

Birth date: _____

Indicate the 1. ethnic and 2. racial identity of the enrolled child with a check mark in the appropriate box below. Answering these questions is voluntary.

1. Ethnic Identity of Child	Hispanic or Latino	Non Hispanic or Latino	2. Racial Identity of Child	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My infant/child's usual times of attendance will be:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday**Hours:** Arriving at _____ Leaving at _____

Arriving at _____ Leaving at _____

Summer or School Vacation Hours: Arriving at _____ Leaving at _____**My infant/child's anticipated meal participation will be:**
☐ Breakfast
 ☐ AM Snack
 ☐ Lunch
 ☐ PM Snack
 ☐ Supper
 ☐ Late night Snack
Infants only (0-12 months):☐ I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to all ages of children. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X or ✓) your choice(s) of the following options that will fulfill your infant's food needs.

☐ I will provide breast milk for my infant. Center formula may be used to supplement feedings if necessary:
 ☐ Yes
 ☐ No

☐ I will provide infant formula for my infant. Name of formula: _____

☐ I accept the center's formula for my infant. Name of formula: _____

☐ I will provide a statement from a medical authority for non-reimbursable formula. Name of formula: _____

☐ I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.

☐ I will provide solid foods for my infant. The center may supplement with additional solid foods when my infant needs them:
 ☐ Yes
 ☐ No

Parent Signature: _____

Date: _____

